

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 213Registered No. 526

1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 10 Miami Canon St. and near depot Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date
of birth

Month Day Year

Male

5. No., in order of birth

yesNov. 30 - 1928

8.

FATHER

Full name

Abundio Gonzalez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

10. Color or race

Mex.11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco Mex.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Cruz Sepulveda

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

16. Color or race

Mex.17. Age at last birthday 30 (Years)

18. Birthplace (city or place)

(State or country)

Guanajuato Mex.

19. Occupation

Nature of industry

Housewife20. Number of children of this mother 4(Taken as of time of birth of child herein
certified and including this child).(a) Born alive and now living 4

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against eph-
thalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 1 A. m. on the date above stated.

(Born alive or stillborn)

Signature

Cyril M. Brown M.D.Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Jan 2, 1929

Registrar.

Registrar.

079-1130-321